

215047727  
70220

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 129	Agency Case No. B5-107378	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		TIME OF ACCIDENT 1739	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1740	11/17/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 14/Superior		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	434.00		X	Superior St		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	H12427165		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER WILLIAM R HAYS		PHONE 402-890-5345	LOCAL NO.		
V2/N	DRIVER ADDRESS 417 FLETCHER AVE APT 10, LINCOLN, NE 68521		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/13/1980	
G	OWNER WILLIAM R HAYS		PHONE	LOCAL NO.		
4	OWNER ADDRESS 417 FLETCHER AVE #10, LINCOLN, NE 68521		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB491146	
H	LICENSE PLATE NO.	KMK1605	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V1/O	VEHICLE	1998	MAKE Honda	MODEL Passport	BODY STYLE Compact Utility	COLOR maroon / burgu
2	VEHICLE ID NO. (VIN)	4S6CM58W1W4423276		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 700	
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY Geico	POLICY NO. 4407286105	
I	VEHICLE NO. 2					
2	DRIVER LICENSE NO.	H12254162		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER JILL L ABLE		PHONE	LOCAL NO.		
V2/P	DRIVER ADDRESS 1616 REDSTONE RD, LINCOLN, NE 68521		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/24/1978	
J	OWNER JILL L ABLE		PHONE 402-730-1515	LOCAL NO.		
01	OWNER ADDRESS 1616 REDSTONE RD, LINCOLN, NE 68521		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE PA NO.	SHH774	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V2/Q	VEHICLE	2015	MAKE Honda	MODEL CRV	BODY STYLE Compact Utility	COLOR gray
4	VEHICLE ID NO. (VIN)	5J6RM4H58FL034210		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000	
K	TOWED TO	TOWED BY		INSURANCE COMPANY Horace Mann	POLICY NO. 26-81589980	
01	35					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

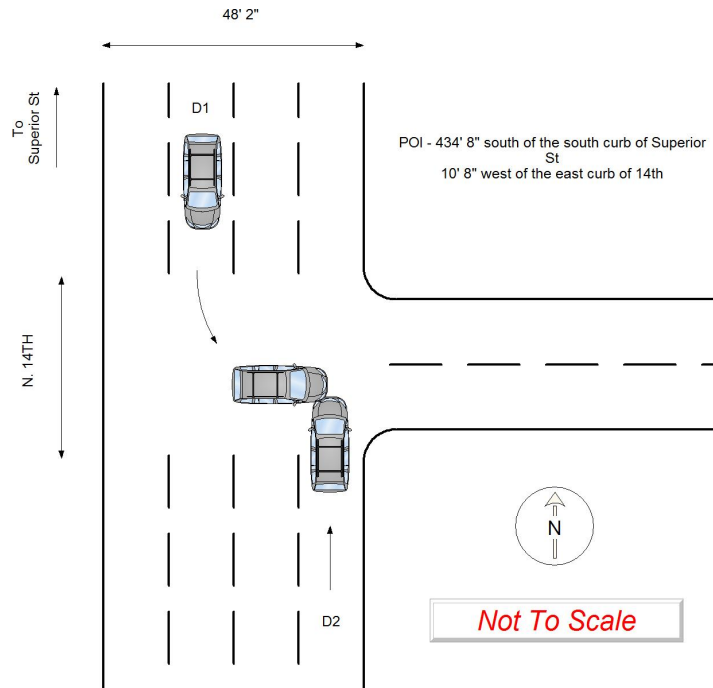
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-107378**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 reports he was SB on 14th just south of the traffic circle at 14th/Superior. D1 said he was attempting to turn into Ace Hardware parking lot and was unaware there is two lanes of NB traffic on 14th. D1 said he waited to a vehicle to clear that was traveling NB on 14th in the inside lane and then made a left hand turn. D1 said D2 was in the outside lane of 14th traveling NB and he collided with her. D2 said she was NB on 14th approaching Superior St when D1 turned in front of her. D2 said the collision was unavoidable and she collided with D1.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	1	VEH 2	1		
1		X			14th													
2	X				14th													
1	06				06 Turning left				VEHICLE 1		VEHICLE 2							
2	01				08 Entering traffic lane				POINT OF IMPACT	02	POINT OF IMPACT	01						
					MOST DAMAGED AREA		02			MOST DAMAGED AREA		01						
					00 None		02	03		04								
					09 Top & windows		01	05										
					10 Undercarriage		08		07		06							
					11 Total (all areas)													
					12 Other													
					05 Turning right													
					13 Unknown													

OFFICER NO. <b>1622</b>	TROOP/TEAM/BEAT <b>SW</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jay Denzin</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Jay Denzin</b>	
DATE OF REPORT <b>11/17/2015</b>			